MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-015381
STATE FILE NUMBER

Registration District No. 74 Primary Registration District No. 4137 Registrar's No. 24

FILED MAY 9 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 6250
2 0250
3
4 1
5 1
6
7 0
8 2
9 4/46X
10
11
12 90-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Trimble
Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clinton
c. CITY OR TOWN: Trimble
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): None
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Lucy Middle: Love Last: Cassady

4. DATE OF DEATH: Month: May Day: 1 Year: 1963

5. SEX: Fe

6. COLOR OR RACE: Wh

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1-4-93

9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Clay County, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Thomas S. Kennedy

13b. MOTHER'S MAIDEN NAME: Mary Elizabeth Harrington

14. NAME OF HUSBAND OR WIFE: James N. Cassady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi: No

16. SOCIAL SECURITY NO.

17. INFORMANT Address: James N. Cassady Trimble, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriolonephrosclerosis — 5+ yrs.
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes mellitus

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-27-63 to 5-1-63 and last saw her/him alive on 4-24-63
Death occurred at 8 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): P. Luckenbill MD

22b. ADDRESS: Plattsburg Mo.

22c. DATE SIGNED: 5-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: May 3, 1963

23c. NAME OF CEMETERY OR CREMATORY: Paradise Cemetery

23d. LOCATION (City, town, or county) (State): Clay County, Missouri

24. FUNERAL DIRECTOR ADDRESS: McComas Funeral Home Smithville, Mo.

25. DATE RECD. BY LOCAL REG.: 5-3-1963

26. REGISTRAR'S SIGNATURE: Mary W Seearce

(Licensed Embalmer's Statement on Reverse Side)

JUL 26 1963

JAN 29 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.